Indiana State Department of Health
"Working for Hoosier Health – a Lifetime Investment"

Express

A Bi-weekly Publication *Friday, March 22, 2002*

New Diabetes Campaign Integrates Best Ideas From Health Care Collaborative

The Indiana Diabetes Collaborative is kicking off a month-long campaign March 26 that will feature an intensified effort by Indiana health care professionals to reduce the burden of diabetes.

State Health Commissioner Greg Wilson, M.D. has said, "Diabetes is a major health problem in Indiana, affecting more than 360,000 citizens of our state and costing millions of dollars. Hospitalizations and complications from this disease are unacceptably high but can be decreased by providing more careful monitoring that is recommended by national experts."

A brochure containing updated diabetes patient guidelines will be key to the intensified educational effort. Leading to the brochure's creation, suggestions for its contents were contributed by members of the Diabetes Collaborative, a coalition of organizations representing physicians, health care insurers, public health officials, academic experts, and other groups that provide care for persons with diabetes.

Joyce Black, ISDH Diabetes Program, says limiting the impact of diabetes through preventive measures will be supported through distribution of 200,000 copies of the educational brochure. She says that research shows that the implementation of guidelines has been effective in decreasing complications from diabetes.

The initial distribution of the brochures went to physicians and pharmacies.

Single copies of the brochure, together with separate copies of the patient care guidelines developed by the Collaborative, have been mailed by ISDH to 13,000 Hoosier physicians, in anticipation of the campaign kickoff March 26—National Diabetes Alert Day. In addition to informing physicians of the newly recommended patient guidelines, the advance mailing is also intended to alert them to the probability that patients will be asking questions about the contents of the brochure.

Ceremonies in observance of the kick-off will take place at the Citizens' Health Center on Indianapolis' near-east side. A Governor's Proclamation has been issued declaring March 26th as Diabetes Alert Day in Indiana.

One brochure will accompany each filled prescription for diabetes medication at Osco, Walgreen, Marsh, and Dr. Aziz pharmacies, according to Black.

"In appreciation for their participation, the pharmacies will be able to print identifying information on the back of the brochure," she said.

"The decision to launch the campaign was made in January 2002 by the Collaborative. George Murff, Public Affairs, designed the brochure in February," Black said.

The brochure cover features an eye, a foot, and a bathroom scale; it also includes the food pyramid with grains and bread at its base, fruits and vegetables in the middle layer, and dairy products,

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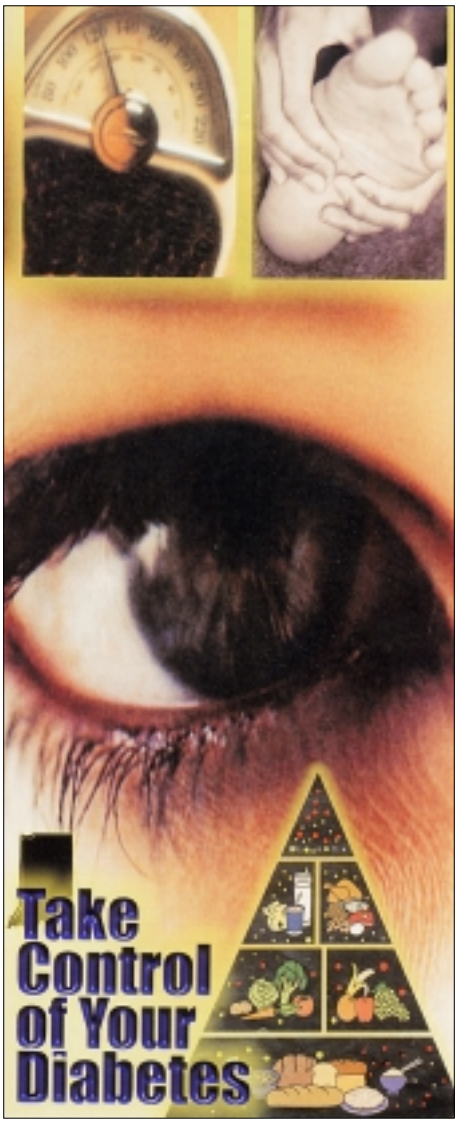
Diabetes—Indiana Estimates*

- Diabetes is the fastest-growing disease in Indiana
- One out of every 17 Hoosier adults has diabetes, but a third of them don't know it
- More than 4,400 Hoosiers die from diabetes annually
- Diabetes is responsible for about 1,500 amputations in Indiana each year
- In 2000, diabetes cost Indiana an estimated $2.3 billion
- The incidence of diabetes is 1.5 times higher among minorities

* Estimates are based on research by the American Diabetes Association



TROUBLE WITH EYES AND FEET, common ailments associated with diabetes, are reflected by the cover of the new diabetes brochure. **200,000 COPIES** of this diabetes brochure will be distributed to physicians, pharmacists, and hospitals to give to patients with diabetes in an effort to encourage appropriate self-care.

Design by George Murff

Enhanced Service Coverage Is Goal of Establishing Uniform Processes for MCH Clinics and Community Health Centers

ISDH is moving toward more uniform reporting, evaluation, and funding processes for Maternal and Child Health (MCH) clinics and Community Health Centers. The goal is to decrease infant mortality and to gain better control of diabetes among patients served by these two groups of agencies. An integration of services will help ISDH ensure minimal service overlap and enhanced service coverage in areas where resources have been in short supply.

AT MARCH 15 PROVIDER MEETING, State Health Commissioner Greg Wilson, M.D. discusses how a uniform approach to reporting, evaluation, and funding processes will help reduce infant mortality and diabetes pathology through the integration of MCH clinic and Community Health Center services.

State Health Commissioner Greg Wilson, M.D. says that data collected by the Indiana State Department of Health shows 24 Indiana counties as having elevated risk indicators associated with infant mortality.

Resources will be focused on developing services in those counties that have a shortage of health professionals, are medically underserved, and are without adequate child health providers as identified by the office of Medicaid Policy and Planning.

Among the expected outcomes of integrated services will be a decrease in infant mortality, low birth weight and very low birth weight, an increase in first trimester entry into perinatal care, a reduction in high-risk pregnancy and the teen birth rate, and an increase in HIV and STD prevention.

As a start, ISDH has asked Indiana's MCH clinics and Community Health Centers to use a common format to submit preliminary applications for funding for fiscal year 2003. An e-mail request for proposals was sent March 5 to 54 MCH clinics and 49 Community Health Centers. More than 100 applications are expected.

Currently, MCH clinics provide services for women of childbearing age, mothers and children. The Community Health Centers (CHCs) deliver primary health/dental care to all, regardless of family income, insurance coverage, or gender, according to Joni Albright, assistant commissioner for Community Health Development Services.

To date, the MCH clinics and Community Health Centers have been funded from separate sources. MCH clinics have been largely supported with Title V federal dollars, while the CHCs have received line item state dollars. The differences in categorical requirements for funding as well as different fiscal year starting dates (July 1 and October 1) offered incentives to keep the funding, reporting, and evaluation separate.

However, the availability of money from the tobacco settlement, a determination to evaluate these programs within a global framework, as well as a commitment to eventually provide primary family health care at all funded locations, makes the move toward integration practical and desirable.

Some integration has already occurred in Indiana. Currently, nine of the Community Health Centers also receive funding to provide MCH clinic services.

At a March 15 meeting held at ISDH for contractors and other interested parties, Dr. Wilson discussed how the funding requests may be prioritized and evaluated. He offered an overview of the various ways future change can occur in support of the integration of funding, reporting, and evaluation functions for the two sets of contracting agencies.

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and meat, and eggs above that. Of note, the pyramid's top triangle, usually reserved for sweets and deserts, is left conspicuously empty.

Black says that the inclusion of the foot and eye images on the brochure draws attention to areas of the body susceptible to disease produced by diabetes. Glaucoma, blindness, and amputation are common to those suffering from advanced stages of the disease.

"The eyes and feet are in need of continual attention by patients with diabetes and regular examination by physicians," said Black.

The inclusion of the scale on the brochure draws attention to being overweight, an important risk factor for the onset and complication of diabetes.

Black says that during the month-long campaign, representatives of the Collaborative will conduct weekly interviews to focus media attention on a single aspect of the disease, like the importance of regular blood-sugar tests. The individual messages will reinforce specific health messages about the disease, Black says.

Brochures are also being distributed to local American Association of Retired Persons affiliates, home health agencies, area agencies on aging, extension agents, the Minority Health Coalition, the Indiana Hospital Association, and the peer-review organization, Health Care EXCEL.

The brochure includes recommendations on how often a health care provider should check a patient's cholesterol, triglycerides, kidney function, blood pressure, blood sugar, and weight, as well as when oral, eye, and foot exams should be performed.

Where applicable, thresholds and goals for each are also recommended. It also recommends diabetes and nutrition education and flu and pneumococcal shots.

Symptoms are enumerated in a separate section.

March is National Nutrition Month

Eating Right Not Only Means Eating the Right Combinations—but Also Limiting Quantitites

As they say, there can be too much even of a good thing. And it was never truer than when applied to food, especially where fats and carbohydrates are involved. That seems to be one message of the American Dietetic Association (ADA).

The body needs both for good health, but too many calories can increase body weight, according to the ADA. Being overweight is one of the leading causes of heart disease and diabetes—two of the nation's top causes of morbidity and mortality.

Whole grains and whole grain products, beans, legumes, leafy green vetetables, root vegetables, fresh fruit, and a daily ration of at least two quarts of water are the items often left out of a diet heavy in meats and sugary and fat laden foods—typical ingredients of the diets of many Americans.

A few years ago, a mock controversty in an advertising campaign for a popular beer seems to have put a finger squarely on the secret ingredients of healthy lifetime eating habits. The "tastes great—less filling" slogan could easily apply to a description of healthy "lifestyle" eating. Lifestyle eating counselors recommend eating food that tastes good and makes eating enjoyable. They say that when we truly enjoy what we're eating, it's easier to eat less, and to reject high caloric foods that are both filling and add pounds. Careful advance analysis of what we're going to eat permits us to choose a variety of foods, picking the ones that are filling but with fewer calories, like fruits and vegetables.

Satisfying hunger but not going overboard by eating beyond the point of satisfaction also seems to be part of the solution.

Recently, at the meeting of an ISDH lifestyle controlled-eating group, the leader posed a question: "When are we most likely to overeat?"

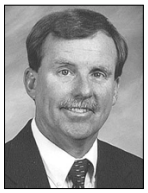
Typical answers were that we eat more when we're emotionally upset

and that food provides comfort. Or we eat unconsciously, like finishing everything on our abundantly filled plates because we were trained to waste nothing by parents who learned to live frugally and economically during the Great Depression. Or we eat a lot because we've always eaten abundantly; it's a habit pattern. One group member said, "If it's there I eat it," which may be a good reason not to buy temptations like half-gallons of ice cream.

When we've spent $10–$20, or more, for a restaurant meal, a problem for the value conscious is that it's hard to leave food behind—so we eat it. An alternate solution is to ask for a "doggy bag," or food container to take the food home to be eaten at another meal, or, when dining companions can agree to the same dinner, to split a meal and ask for an extra plate when ordering.

The bottom line is that portion control is one road to good health.

Mark Mallatt, D.D.S. Presents Research Paper At International Association for Dental Research Conference, March 5-9



Dr. Mallatt

Mark Mallatt, D.D.S., M.S.D. presented a paper involving the results of a team research project he directed, "Oral Health Status of Third Grade Children in Indiana" at the conference of the International Association for Dental Research, held March 5-9 in San Diego.

Other ISDH researchers participating in this project included Carmine Griffis, Oral Health; Nancy Meade, Maternal and Child Health; Chuck Hazelrigg, D.D.S., Oral Health; James Oldham, D.D.S., Oral Health; K.M. Yoder, formerly with Oral Health; and Hans Messersmith, Epidemiology Resource Center.

The research, conducted during the 2000-2001 school year, assessed the status of 654 Indiana third-grade children from 16 counties relative to: 1) cavities present at the time of the examination, 2) past history of dental decay, 3) presence of pit and fissure sealants, and 4) presence of fluorosis. The project involved visual examinations by five dentist and dental hygienist recording teams. The exams were performed on-site at the individual schools.

Demographic data were obtained for each child on insurance / Medicaid coverage, race / ethnicity, fluoride usage, and access to care. The results of the survey indicated that 45% had a present or past history of decay, 31.9% exhibited some evidence of fluorosis (teeth with excess flouride and characteristic mottling), and 31.0% had dental sealants in one or more posterior teeth. Substantial additional use of pit and fissure sealants were found to be needed to meet the Healthy People 2010 objective of having 50 percent of third graders treated with sealants.

A second research project involving Dr. Mallatt, "The Effects of an Experimental Toothpaste on Calculus," was presented as a poster exhibit by M.L. Bosma, D.D.S., a dentist on the research team on which Dr. Mallatt participated.

Crib Exhibit Promotes Infant Safety

During the past few weeks, a safe infant sleep exhibit has been set up in the 2 North Meridian Street first floor lobby of the Indiana State Department of Health's administrative offices.

It represents the latest step in trying to reach the attention of parents with the goal of encouraging them to provide the safest possible sleeping environment for their infants.

What the display recommends is placing the baby on its back to sleep in a crib furnished with nothing but a mattress and a light receiving blanket. An accompanying flyer specifically recommends that no pillows, quilts, bumper pads, or stuffed animals be placed in the crib. The flyer also warns of the hazards of sleeping with a baby, especially when the adult smokes, is intoxicated, obese, overly fatigued, desensitized by drugs, or sleeps on a sagging or dangerous mattress. It also warns of placing the baby in the prone position or under blankets.

Perhaps the most striking thing about the flyer and display is that they are directed to the attention of neonatal nurses with the statement, "Never underestimate the power of a nurse as a role model for new parents." Then, in bold reverse type it adds, "YOU CAN HELP EDUCATE THEM ABOUT SIDS," and continues with, "The way parents see a nurse place their newborn in the crib is probably what they are going to do when they get home."

Statistics show that the risk of crib death is dramatically reduced for those infants who are placed on their backs to sleep in their own sleeping environment, a crib, without quilts, pillows, comforters, bumpers, or stuffed toys.

Maternal and Child Health team leader Maureen McLean says crib displays similar to the one in the ISDH lobby have been set up in several hospitals to serve as models for the way cribs should be furnished. With the displays located in prominent lobby positions, it is hard for parents to dismiss the displays with their graphic messages, "Is your baby sleeping safely?," and "Does your crib look like this?"

McLean says that Barbara Himes developed the idea of using the crib as a display.

MODEL CRIB is without quilt, comforter, stuffed animals, pillow, or bumper pads. Maureen McLean, MCH, poses with a crib bound for Wishard Hospital neonatal unit following its display in ISDH lobby.

Himes is the SIDS and infant loss support coordinator at the Indiana Perinatal Network, which is funded with support of the Indiana State Department of Health.

Himes says it wasn't until the concept of the crib display was changed that it started attracting a lot of attention. Originally, the display was set up with all the things that shouldn't be in a crib, with encouragement to remove them. She says the display attracted little attention. But as soon as all of these items were removed, then many parents recognized that the cribs they had prepared for their infants were not at all like the model crib and wanted to know more.

Himes says the idea of using the displays to catch nurses' attention developed when she noticed that some neonatal nurses, who knew and supported the idea of safe sleeping environments at home, were somewhat less than meticulous about following that model in the hospital. The hospital crib displays have had the desired and observable effect of making the nurses more aware of the powerful effect their modeled behavior has on parents' infant safe sleep care, according to Himes.

Photos on pages 2 and 4 by Daniel Axler

Indiana State Department of Health **Express**

The *Indiana State Department of Health Express* is a bi-weekly publication for ISDH employees and stakeholders. To submit news items, call (317) 233-7336 or send information to: ISDH Express, Office of Public Affairs, 2 N. Meridian St., Section 2E, Indianapolis, IN 46204-3003. Inquiries should be directed to:

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